THE DIVISION OF HEALTH OF MISSOURI 57022955 STANDARD CERTIFICATE OF DEATH lth, FILEO JUN 26 1987 olfare ...3..1.8 rimary Registration District No.1003 lic Registration District No. vice 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. STATE b. COUNTY a. COUNTY Mis souri b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits c. CITY Inside Limits 56 ΩR OR Yes⊔ No⊡ Yes 🕱 No 🗅 TOWN St. Louis TOWN St. Louis c. FULL NAME OF (If NOT inhospital, give location) Length of stay in 1b (If outside, give location) Reside on Farm STREET INSTITUTION St. Louis City Hosp. WDDRESS 5711 Wabada Yes D No MX Last 4. DATE Month Day Year NAME OF Middle DECEASED June 18, 1957 Thorn ton (Type or print) Martha 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE last birthday) Months Days AUG. 16, 1883 WIDOWED K DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Stoutland, Missouri Hat Industry Misc. Factory Work 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME POSSI (Unknown) Pearcey (unknown) Honea 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Mrs. Evelyn Knowles, 5711 Wabada 488-05-2038 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) INANITION + MALNOTRITION DUE TO (b) MELANO CARCINOMA RIBBON Conditions, if any, which gave rise to above cause (a), ' stating the under-DUE TO (c) luing cause last. 11 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 9. WAS AUTOPSY PERFORMED? casually related. YES S NO HOMICIDE 20a. ACCIDENT SUICIDE 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) Month, Day, Year 20c. TIME OF Hour STATE 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e. g., in or about home, 20f. CITY, TOWN, OR LOCATION WHILE AT NOT WHILE farm, factory, street, office bldg., etc.) WORK AT WORK 6-18-57 6-10-57 21. I attended the deceased from F m on the date stated above; and to the best of my knowledge, from the causes stated Death occurred at 1 Y () 226, ADDRESS 1 22c DATE SIGNED 1515 Lafavette St. 6-19-57 23c. NAME OF CEMETERY OR CREMATORY . 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, J. REMOVAL (Specify) St. Louis County, Mo. June 21,1957 Memorial Park Cemetery 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL REG. 24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F. H. INU.1936 ST.LOUIS (Licensed Embalmer's Statement on Reverse Side)

into the

AUU

by me, or by

Student

working under my personal supervision..

Signature of Student Embalmer

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(William) Per cay

ers, evelyn enorice, 5711 Tebrin

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

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Telit I. Kris

P. O. Address

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